

2019 Sep-09 PM 04:07
U.S. DISTRICT COURT
N.D. OF ALABAMAW.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/17	MORN	✓								TB
	DAY									
	EVE			✓						
7/18	MORN	✓								AC TB
	DAY			✓						
	EVE			✓						
7/19	MORN	✓								TB TB
	DAY			✓						
	EVE			✓						
7/20	MORN	✓								TB TB
	DAY			✓						
	EVE			✓						
7/21	MORN	✓								AC TB
	DAY			✓		Y				
	EVE			✓						
7/22	MORN	✓								TB TB
	DAY			✓						
	EVE			✓						
7/23	MORN	✓								TB ES
	DAY			✓						
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift

Maples - DOC
000361

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION
OR REASON: _____ADMITTANCE
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INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/3	MORN	✓								7/3
	DAY									
	EVE			✓						
7/4	MORN	✓								RB
	DAY									
	EVE			✓						
7/5	MORN	✓								TB
	DAY		✓							
	EVE		✓			4				
7/6	MORN	✓								HB
	DAY		✓							
	EVE			✓						
7/7	MORN	✓								RC
	DAY		✓							
	EVE			✓		18				
7/8	MORN	✓								SM
	DAY									
	EVE									
7/9	MORN	✓								Z
	DAY		✓							
	EVE			✓						

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W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/19	MORN	✓								RB
	DAY									
	EVE			✓						RB
6/20	MORN	✓								RB
	DAY		✓							RB
	EVE			✓						RB
6/21	MORN	✓				Y				RB
	DAY		✓							RB
	EVE			✓						RB
22	MORN	✓								CA
	DAY		✓							RB
	EVE			✓	Y					RB
23	MORN	✓								RB
	DAY		✓							RB
	EVE			✓						RB
24	MORN					Y				RB
	DAY		✓		Y					RB
	EVE			✓						RB
25	MORN	Y	✓			Y				RB
	DAY									RB
	EVE			✓						RB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/6	MORN	✓								JB
	DAY									
	EVE			✓						
6/7	MORN	✓								JB
	DAY		✓							
	EVE			✓						
6/8	MORN	✓								CA
	DAY		✓							
	EVE			✓	Y					
6/9	MORN	✓				Y				JB
	DAY									
	EVE									
6/10	MORN	✓								JB
	DAY		✓							
	EVE			✓						
6/11	MORN	✓								CA
	DAY		✓							
	EVE			✓						
6/12	MORN	✓								JB
	DAY									
	EVE			✓						

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		B	D	S						
5/22	MORN	✓								JB
	DAY									
	EVE			✓						
5/23	MORN	✓								JB
	DAY		✓							
	EVE			✓						
	MORN	✓								CA SB
	DAY		✓			Y				
	EVE			✓						
5/25	MORN	✓								JB
	DAY		✓							
	EVE			✓						
6/26	MORN	✓								JB
	DAY		✓							
	EVE			✓						
6/27	MORN	✓								JB
	DAY		✓			Y				
	EVE			✓						
	MORN	✓								CA JB
	DAY		✓							
	EVE			✓						

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OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8	MORN	✓								JB
	DAY									
	EVE			✓						
5/9	MORN									JB
	DAY	✓								
	EVE			✓						
	MORN	✓								CA JB
	DAY		✓							
	EVE			✓						
5/11	MORN	✓								TB JB
	DAY		✓							
	EVE			✓	✓					
5/12	MORN	✓								JB
	DAY		✓							
	EVE			✓						
5/13	MORN	✓								JB
	DAY		✓							
	EVE			✓	✓					
	MORN	✓								CB JB
	DAY		✓							
	EVE			✓						

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DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/24	MORN	✓								CV
	DAY									
	EVE			✓						CV
25	MORN	✓								CC
	DAY									
	EVE									
27	MORN	✓	✓							CA
	DAY		✓							JB
	EVE			✓						
28	MORN	✓								CV
	DAY		✓							JB
	EVE			✓						
29	MORN	✓	✓							SD
	DAY		✓							CC
	EVE			✓						
	MORN									
	DAY									
	EVE									
	MORN	✓	✓							CA
	DAY		✓							JB
	EVE			✓						

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VIOLATION

OR REASON: _____

ADMITTANCE

AUTHORIZED BY: _____

DATE & TIME

RECEIVED: _____

DATE & TIME

RELEASED: _____

PERTINENT

INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/10	MORN	✓								
	DAY									
	EVE			✓						
4/11	MORN	✓								
	DAY		✓							
	EVE			✓						
	MORN	✓								CA
	DAY		✓							
	EVE			✓						
4/13	MORN	✓								TL
	DAY		✓							
	EVE			✓						
4/14	MORN	✓								RB
	DAY									
	EVE									
4/15	MORN	✓								km
	DAY		✓							
	EVE			✓						
	MORN	✓								CA
	DAY		✓							
	EVE			✓						

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AUTHORIZED BY: _____

DATE & TIME

DATE & TIME

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RELEASED: _____

PERTINENT

INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/27	MORN	✓								JW
	DAY									
	EVE			✓						
3/28	MORN	✓								JW
	DAY		✓							
	EVE			✓						
3/29	MORN									JW
	DAY		✓							
	EVE			✓						
3/30	MORN	✓								JW
	DAY		✓							
	EVE			✓	✓					
3/31	MORN	✓								JW
	DAY		✓							
	EVE			✓						
4/1	MORN	✓								JW
	DAY		✓							
	EVE			✓						
4/2	MORN	✓								JW
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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VIOLATION

OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME

DATE & TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/13	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE				✓					
3/14	MORN	✓								<i>[Signature]</i> DRW
	DAY		Y	Y						
	EVE									
3/15	MORN									
	DAY									
	EVE									
3/16	MORN	✓	Y							<i>[Signature]</i>
	DAY									
	EVE			Y	✓					
3/17	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE			✓						
3/18	MORN	✓								<i>[Signature]</i> CA
	DAY		✓							
	EVE				✓					
3/19	MORN	✓								<i>[Signature]</i> HOB SOB
	DAY		✓							
	EVE			✓						

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DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/6	MORN	✓								CB
	DAY									
	EVE			✓						
	MORN	✓								CA WD
	DAY		✓							
	EVE			✓						
3/8	MORN	✓								R LB
	DAY		✓			R				
	EVE			✓						
	MORN									Z Z
	DAY		Y							
	EVE			Y						
3/10	MORN	Y								Z Z
	DAY		Y							
	EVE			Y						
3/11	MORN	✓								CA ZB
	DAY		✓							
	EVE			✓						
3/12	MORN	✓								JW
	DAY		✓							
	EVE									

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		B	D	S						
2/27	MORN	✓								RB
	DAY									
	EVE			✓						
2/28	MORN	✓								AW GB
	DAY		✓							
	EVE			✓						
3/1	MORN	✓								SPT GB
	DAY		✓							
	EVE			✓						
3/2	MORN	✓								HB
	DAY									
	EVE				Y					
3/3	MORN	✓								RB FB
	DAY		✓							
	EVE			✓						
3/4	MORN	✓								ICN GB
	DAY		✓							
	EVE			✓						
3/5	MORN	✓	✓							CA GB
	DAY									
	EVE			✓						

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		B	D	S						
2/13	MORN	✓								BC
	DAY	✓								
	EVE									
2/14	MORN	✓								KM CG
	DAY	✓								
	EVE									
2/15	MORN	✓				✓				TC
	DAY	✓								
	EVE									
2/16	MORN	✓								KNS AL AL
	DAY		✓							
	EVE		✓	✓	✓					
2/17	MORN	✓								RB
	DAY	✓								
	EVE									
2/18	MORN	✓								SM SB SB
	DAY		✓							
	EVE			✓						
2/19	MORN	✓								SF CB
	DAY	✓								
	EVE									

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		B	D	S						
1/30	MORN	✓								JL
	DAY									
	EVE			✓						
1/31	MORN	✓								RB JB
	DAY		✓							
	EVE			✓						
2/1	MORN	✓								STH JB
	DAY		✓							
	EVE			✓						
2/2	MORN	✓								STH JB
	DAY		✓							
	EVE			✓						
2/3	MORN	✓								RB RS
	DAY		✓							
	EVE			✓						
2/4	MORN	✓								JB
	DAY		✓							
	EVE			✓						
2/5	MORN	✓								STH JB
	DAY		✓							
	EVE			✓						

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OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/16	MORN	✓								RB
	DAY									
	EVE			Y						MC
1/17	MORN	✓								VTB
	DAY									
	EVE			Y						SB
1/18	MORN	✓								CA
	DAY		✓							SB
	EVE			✓						
1/19	MORN	✓								ST
	DAY		✓							SB
	EVE			✓						
1/21	MORN		✓							AN
	DAY									SB
	EVE			✓						
	MORN									
	DAY									
	EVE									
1/22	MORN	✓								CA
	DAY		Y							PB
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4 Sun	MORN	Y								2
	DAY									
	EVE			Y						2
10	MORN	✓								RLS
	DAY		✓							JK
	EVE			✓						
1/11	MORN	✓								JB
	DAY		✓							JB
	EVE			✓	✓					
1/12	MORN	✓								12
	DAY		Y							2
	EVE			Y						2
1/13	MORN	✓								SE
	DAY		Y							2
	EVE			Y	Y					DL
1/14	MORN	Y								DL
	DAY		✓							JK
	EVE			✓						
1/15	MORN	✓								12
	DAY		✓							JB
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000376

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/11	MORN	✓								CA SB
	DAY				✓					
	EVE									
3/11	MORN	✓	✓							GP SB
	DAY		✓							
	EVE			✓						
4/11	MORN	✓								CA SB
	DAY		✓							
	EVE			✓						
1/5	MORN	✓								DC
	DAY									
	EVE				✓					
1/6	MORN	✓								BD SB
	DAY		✓							
	EVE			✓						
1/7	MORN	✓								BD SB
	DAY		✓							
	EVE			✓	✓					
1/8	MORN	Y								PR SB
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/26	MORN	✓								<i>SD</i>
	DAY									
	EVE				✓		<i>SR</i>			
12/27	MORN	✓								<i>HB</i>
	DAY									
	EVE				✓		<i>SR</i>			
12/28	MORN	✓								<i>SD</i>
	DAY									
	EVE				✓					
12/29	MORN	✓								<i>SD</i>
	DAY		✓							
	EVE			✓						
12/30	MORN	✓								<i>SR</i>
	DAY		✓							
	EVE			✓	✓					
12/31	MORN									
	DAY									
	EVE									
1/1	MORN	✓								<i>KJ</i>
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift

Maples - DOC
000378

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W/2-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 12/1	MORN	Y								CL
	DAY									
	EVE									
2	MORN									
	DAY									
	EVE									
3 12/3	MORN	Y								CL
	DAY									
	EVE									
4 4	MORN	Y								RM
	DAY									
	EVE									
5 5	MORN	Y								CL
	DAY									CL
	EVE									CL
6 6	MORN	Y			Y					CL
	DAY									CL
	EVE									7B
7 7	MORN	Y								CL
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Maples - DOC
000379

W. C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W/2-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
11/18	MORN	Y								
	DAY	Y								
	EVE			Y						
11/19	MORN	Y								CL
	DAY		X							
	EVE			Y						
11/20	MORN	Y								
	DAY									
	EVE									
11/21	MORN	Y								
	DAY	Y								
	EVE									
11/22	MORN	Y			Y					CL CL
	DAY	Y								
	EVE			X						
6	MORN									
	DAY									
	EVE									
7	MORN	Y								CR
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)
 Exercise: Enter actual time period and Inside or Outside

Maples - DOC
000380

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W/2-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 <u>10/7</u>	MORN	/								<u>[Signature]</u>
	DAY	/								<u>[Signature]</u>
	EVE			/						<u>[Signature]</u>
2 <u>8</u>	MORN	/								<u>[Signature]</u>
	DAY	/								<u>[Signature]</u>
	EVE									
3	MORN									
	DAY									
	EVE									
4 <u>10/10</u>	MORN	/								<u>DLB</u>
	DAY	/								<u>CL</u>
	EVE				/					
5 <u>10/11</u>	MORN	/								<u>CL</u>
	DAY	/								<u>AV</u>
	EVE			/						<u>CL</u>
6 <u>10/12</u>	MORN	/								<u>CL</u>
	DAY	/	/							<u>[Signature]</u>
	EVE		/	/						<u>[Signature]</u>
7 <u>10/13</u>	MORN	/								<u>[Signature]</u>
	DAY	/	/							<u>[Signature]</u>
	EVE		/	/						<u>[Signature]</u>

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO: W/2-624 CELL: G
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	DOC SIGNATURE
		B	D	S						
9/9	MORN	Y								
	DAY									
	EVE			Y						
9/10	MORN	Y								CL
	DAY		Y							
	EVE			Y						
	MORN	Y								SM
	DAY									
	EVE									
	MORN	Y								QS
	DAY		Y							
	EVE			Y						
	MORN									
	DAY									
	EVE									
9/14	MORN	Y								JW
	DAY									
	EVE									
9/15	MORN	Y								
	DAY		Y							
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Maples - DOC
000382

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W/2-624 CELL: 1

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGN
<u>26</u>	MORN	✓						<u>90</u>
	DAY							
	EVE	✓						
<u>8/27</u>	MORN	-						<u>CL</u>
	DAY	y						<u>mm</u>
	EVE	y						<u>mm</u>
<u>8/28</u>	MORN							
	DAY	y						<u>mm</u>
	EVE	y						<u>mm</u>
<u>29</u>	MORN							
	DAY	✓						<u>TR</u>
	EVE		✓	-				
<u>8/30</u>	MORN	✓						<u>CL</u>
	DAY	✓						<u>mm</u>
	EVE		✓					<u>mm</u>
<u>8/31</u>	MORN	✓						<u>CL</u>
	DAY							
	EVE		✓					<u>CL</u>
<u>9/1</u>	MORN	✓						<u>CL</u>
	DAY	y						<u>mm</u>
	EVE	y						<u>mm</u>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I/O)

Maples - DOC

000383

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W/2-624 CELL: G-2

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
7/29	MORN	Y						
	DAY							
	EVE		Y					
7/30	MORN	✓						SN
	DAY	Y	Y					mm
	EVE		Y					mm
7/31	MORN	✓						RA
	DAY	Y		N				A
	EVE		Y					
8/1	MORN	✓						RA
	DAY	Y	Y					CL
	EVE		Y					
8/2	MORN	Y						CL
	DAY	✓						FA
	EVE		✓					
8/3	MORN							
	DAY	Y	Y					
	EVE		Y					
8/4	MORN	Y						
	DAY	Y						mm
	EVE		Y					mm

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

Maples - DOC
000384

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO: W/2-624 CELL: G
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
07/15/12	MORN									
	DAY		Y	Y						
	EVE									
7/16	MORN									
	DAY									
	EVE									
7/17	MORN									
	DAY		Y	Y						
	EVE									
18	MORN									
	DAY		Y							
	EVE									
19	MORN									
	DAY					Y				
	EVE									
7/20	MORN									
	DAY		Y	Y						
	EVE									
21	MORN									
	DAY		Y	Y						
	EVE									

Pertinent info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Maples - DOC
000385

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W/2-624 CELL: G-26

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B D T S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
7/1	MORN	Y						
	DAY							
	EVE		Y					
7/2	MORN							
	DAY		Y					
	EVE							
7/3	MORN	✓						
	DAY	Y						
	EVE							
7/4	MORN	✓						
	DAY							
	EVE							
7/5	MORN	Y						
	DAY	Y						
	EVE		Y					
7/6	MORN	✓						
	DAY							
	EVE							
7/7	MORN	Y						
	DAY	✓		Y				
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

Maples - DOC

000386

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W/2-624 CELL: G-26

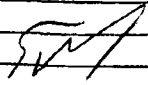
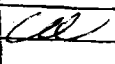

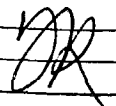


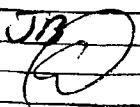
VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS				SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	T	S						
	MORN	✓									
	DAY										
	EVE										
6/18	MORN	✓									
	DAY		Y				N				
	EVE		Y	Y							
6/19	MORN	✓									
	DAY										
	EVE										
6/20	MORN	✓									 CA
	DAY										
	EVE										
	MORN	✓									 AE
	DAY										
	EVE										
	MORN	✓									 AE
	DAY										
	EVE										
6/23	MORN	✓									
	DAY		Y								
	EVE		Y								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC
000387

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W/2-624 CELL: G-2

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS				SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	T	S						
4/3	MORN	✓									✓
	DAY										
	EVE				✓						✓
4	MORN	✓									SB
	DAY										
	EVE				✓						
5	MORN	✓									CA
	DAY		✓								SB
	EVE			✓							
6	MORN	✓									n
	DAY				✓						mtm
	EVE										
	MORN										
	DAY										
	EVE										
8	MORN										
	DAY		✓								SB
	EVE				✓						
9	MORN	✓									STK
	DAY										
	EVE										

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments

Maples - DOC
000388

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AVIS NO: W/2-624 CELL: G-26

VIOLATION
OR REASON: _____

ADMITTANCE

AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME

RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/20	MORN	Y								
	DAY									
	EVE			Y						
5/21	MORN									
	DAY		✓							OB
	EVE			✓						OB
5/21	MORN									
	DAY		✓							OB
	EVE			✓						OB
5/22	MORN	Y								
	DAY		Y							DF
	EVE			Y						mm mm
23	MORN	✓								CA
	DAY		✓							AB
	EVE			✓						
24	MORN	✓								AE
	DAY		✓							EW
	EVE			✓						
25	MORN									
	DAY		✓							
	EVE			✓						BR

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC
000389

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W/2-624 CELL: G-26

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/6	MORN									CA
	DAY									CA
	EVE									SM
5/7	MORN									SB
	DAY									
	EVE									
5/8	MORN									CA
	DAY									SB
	EVE									
5/9	MORN									TB
	DAY									CA
	EVE									TE
5/10	MORN									CA
	DAY									
	EVE									
5/11	MORN									SM
	DAY									CA
	EVE									
5/12	MORN									CA
	DAY									SM
	EVE									CA

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W/2-624 CELL: G-26

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/22	MORN	✓								RB
	DAY				✓					
	EVE				✓					
4/23	MORN	✓								RB
	DAY				✓					
	EVE				✓					
4/24	MORN	✓								RB
	DAY		✓		✓					
	EVE				✓					
4/25	MORN	✓								RB
	DAY		✓		✓					
	EVE				✓					
4/26	MORN	✓								RB
	DAY		✓		✓					
	EVE				✓					
4/27	MORN									RB
	DAY		✓		✓					
	EVE				✓					
4/28	MORN	✓								RB
	DAY		✓		✓					
	EVE				✓					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments

Maples - DOC
000391

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AVIS NO: W/2-624 CELL: G-26

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
04/08/12	MORN									
	DAY	✓	✓							PH
	EVE			✓						W
4/9	MORN									
	DAY		✓							SB
	EVE			✓						
10	MORN	✓								RC
	DAY		✓							SB
	EVE			✓						
	MORN	✓								CA
	DAY		✓							TM
	EVE			✓						
	MORN	✓								AE
	DAY									
	EVE									
13	MORN									
	DAY		✓							SB
	EVE			✓						
	MORN	✓								m
	DAY		✓							MR
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W/2-624 CELL: G-26

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
03/25/12	MORN									
	DAY	Y	Y							PH
	EVE									
3/26	MORN									
	DAY		✓							PH
	EVE			✓						PH
3/27	MORN	✓								PH
	DAY		✓							PH
	EVE			✓						PH
	MORN	Y								PH
	DAY		✓							PH
	EVE			✓						PH
	MORN									PH
	DAY		✓							PH
	EVE			✓						PH
30	MORN									PH
	DAY		✓							PH
	EVE			✓						PH
	MORN	✓								CA
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC
000393

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W/2-624 CELL: G-26

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
<u>3/11</u>	MORN									
	DAY									
	EVE									
<u>3/12</u>	MORN	✓								<u>EB</u>
	DAY									<u>EB</u>
	EVE									
<u>3/13</u>	MORN	✓								<u>RA</u>
	DAY		Y							<u>mm</u>
	EVE			Y						<u>mm</u>
<u>3/14</u>	MORN	Y								<u>DL</u>
	DAY									<u>JB</u>
	EVE									
<u>3/15</u>	MORN									
	DAY									
	EVE									<u>WD</u>
<u>3/16</u>	MORN	✓								<u>W</u>
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CEVIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC
		B	D	S						
2-26	MORN									
	DAY									
	EVE									
2/27	MORN									
	DAY									
	EVE									
28	MORN									
	DAY									
	EVE									
29	MORN									
	DAY									
	EVE									
3-1	MORN									
	DAY									
	EVE									
3-2	MORN									
	DAY									
	EVE									
3	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

Maples - DOC

000395

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CEIVIOLATION
OR REASON: _____

ADMITTANCE

AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC
		B	D	S						
02/12/12	MORN									
	DAY	Y		Y						PA
	EVE									
2/13	MORN	✓								AM
	DAY		✓							
	EVE			✓						
	MORN	✓								CA
	DAY		✓							
	EVE			✓						
2/15	MORN	✓								TR
	DAY		✓							
	EVE			✓						
2/16	MORN	✓								KN
	DAY		✓							EW
	EVE			✓						
2/17	MORN	✓								AB
	DAY		✓							
	EVE			✓						
18	MORN	✓								AG
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
 Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Maples - DOC
 000396

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-2VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
1/30	MORN	✓								sm
	DAY		✓							MB
	EVE			✓						
1/31	MORN	✓								
	DAY		✓							
	EVE			✓						
2/1	MORN	✓								
	DAY		✓							
	EVE			✓						
2/2	MORN	✓								
	DAY		✓							
	EVE			✓						
2/3	MORN	✓								
	DAY		✓							
	EVE			✓						
2/4	MORN	✓								
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct, Attitude, etc. *Use reverse side for additional comments

Maples - DOC

000397

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6264VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNAT
		B	D	S						
1/15	MORN	✓								FB
	DAY									
	EVE			✓						
1/16	MORN	✓								B
	DAY									
	EVE			✓						
1/17	MORN	✓								FB
	DAY		✓							
	EVE			✓						
1/18	MORN	✓								FB
	DAY		✓							
	EVE			✓						
1/19	MORN									CW
	DAY		✓							
	EVE			✓						
1/20	MORN	✓								FB
	DAY		✓							
	EVE			✓						
1/21	MORN	✓								CW
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude; etc. - fill in space side for additional comments

Maples - DOC



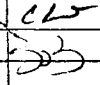
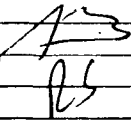


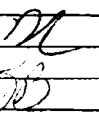
000398

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 4VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGN
		B	D	S						
1/1	MORN	✓								
	DAY			✓						
	EVE									
1/2	MORN	✓								
	DAY									
	EVE			✓						
1/3	MORN	✓								
	DAY			✓						
	EVE			✓						
1/4	MORN	✓								
	DAY			✓						
	EVE			✓						
1/5	MORN	✓								
	DAY			✓						
	EVE			✓						
1/6	MORN									
	DAY			✓						
	EVE			✓						
1/7	MORN	✓								
	DAY			✓						
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00-IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Maples - DOC
000399

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/22/13	MORN	/				N				KS
	DAY									
	EVE			/						
12/23/13	MORN	/								JK
	DAY	/								
	EVE		/							
24	MORN	9								DB
	DAY									
	EVE			/						
25	MORN	/								DB
	DAY									
	EVE			/						
12/26/13	MORN	Y	/							JK
	DAY									
	EVE			/						
12/27	MORN	/	Y							DB
	DAY									
	EVE			/						
12/28/13	MORN	/								DB
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000400

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO: W2624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS				SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	I	S						
12/15	MORN										
	DAY										
	EVE										
12/16/13	MORN										CL
	DAY						A				FS
	EVE										
12/17/13	MORN										J.R.
	DAY										
	EVE										
12/18/13	MORN										J.R.
	DAY										Lch
	EVE										
12/19/13	MORN										CL
	DAY										
	EVE										
12/20/13	MORN										CL
	DAY										
	EVE										
12/21	MORN										
	DAY										
	EVE										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12-8-13	MORN	✓				N				
	DAY									
	EVE			✓						
12-9-13	MORN	✓								
	DAY		✓							
	EVE		✓							
12-10-13	MORN	✓								
	DAY									
	EVE									
12-11-13	MORN	✓								
	DAY									
	EVE									
12-12-13	MORN	✓								
	DAY		✓							
	EVE		✓							
12-13-13	MORN	✓								
	DAY									
	EVE									
12-14-13	MORN	✓								
	DAY									
	EVE		✓							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.Maples - DOC
000402

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO: W2624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: 2013

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/1	MORN									
	DAY	GW	GW							
	EVE									
	MORN									
	DAY									
	EVE									
12-3-13	MORN									
	DAY									
	EVE									
12-4-13	MORN									
	DAY									
	EVE									
12/5	MORN									
	DAY									
	EVE									
12/6	MORN									
	DAY									
	EVE									
12-7-13	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO: W-21024 CELL: G-210
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: 2013

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/24	MORN									
	DAY									
	EVE				Y					
BA 11/25	MORN	✓								DL
	DAY									
	EVE									
11/26	MORN	✓								u
	DAY		✓							ED
	EVE			✓						ED
11/27	MORN	✓								u
	DAY									ru
	EVE									
BA 11-28-13	MORN	✓								G.K.
	DAY									
	EVE			✓		N				Gr
29	MORN	✓								CE
	DAY									
	EVE									
11/30	MORN	✓								FD
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/17	MORN	/								
	DAY									
	EVE			/						R6
11/18/13	MORN	/								
	DAY		Y							
	EVE									
11/19/13	MORN	/								
	DAY									
	EVE			/						
11/20/13	MORN	/								
	DAY									
	EVE			/						
11/21/13	MORN	/								
	DAY		Y							
	EVE			Y						
11/22	MORN	/								
	DAY									
	EVE			/						
11-23-13	MORN	/								
	DAY									
	EVE			/						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

DOC FORM N912

Attachment 5 - HCF SOP 12-12

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W-21024 CELL: G-210

VIOLATION
OR REASON: _____

ADMITTANCE

AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/10/13	MORN	✓								
	DAY									
	EVE			✓						
11-11-13	MORN	Y								
	DAY									
	EVE			Y						
11-12	MORN	✓								DIL JH RG RG MOS
	DAY									
	EVE									
11-14-13	MORN	✓								J.K. J.K.
	DAY									
	EVE									
11-15-13	MORN	✓								J.K.
	DAY									
	EVE									
11/16/13	MORN	✓	Y							CL JH
	DAY									
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.E. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

2013

INMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION
OR REASON: _____

ADMITTANCE

AUTHORIZED BY: _____

DATE & TIME

DATE & TIME

RECEIVED: _____

RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/3	MORN	✓								[Signature]
	DAY									
	EVE									
4/4	MORN	✓								[Signature]
	DAY		Y							
	EVE		Y							
4/5	MORN	✓								J.R. FS
	DAY									
	EVE									
4/6	MORN	✓								J.R. [Signature]
	DAY									
	EVE									
4/7	MORN	✓								[Signature]
	DAY									
	EVE									
4/8	MORN	✓								[Signature]
	DAY		Y							
	EVE		Y							
4/9	MORN	✓								[Signature]
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

OIC FORM NS12

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: _____

ADMITTANCE AUTHORIZED BY: _____

DATE & TIME RECEIVED: _____

DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10-27	MORN	✓								<i>[Signature]</i>
	DAY				✓					
	EVE				✓					
10/28	MORN	✓								<i>[Signature]</i>
	DAY				✓					
	EVE				✓					
10/29	MORN	✓								<i>[Signature]</i> TLE
	DAY									
	EVE									
10/30	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE									
10/31	MORN	✓								2013 <i>[Signature]</i>
	DAY									
	EVE									
11/01	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE									
11/2	MORN	✓								TLE 11/2/2013 <i>[Signature]</i>
	DAY									
	EVE				✓					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: 2213

DATE	SHIFT	MEALS B D T S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN							
	DAY							
	EVE							
BA 10/21	MORN	✓						JE TL
	DAY							
	EVE							
BA 10/22	MORN	✓						J.K. FS
	DAY	✓		N				
	EVE							
10/23	MORN	✓						DP
	DAY							
	EVE							
10/24	MORN	✓						CL TL
	DAY	Y						SS
	EVE	Y						
BA 10/25	MORN	✓						CL
	DAY	✓						DP
	EVE	✓	Y					
BA 10/26	MORN	✓						DP
	DAY	✓		N				FS
	EVE							

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

OIC FORM NS12

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/13	MORN									
	DAY									
	EVE				Y					
10/14	MORN									
	DAY									
	EVE									
10/15	MORN	✓								
	DAY									
	EVE									
10/16	MORN	✓								
	DAY									
	EVE								2013	
8A 10/17	MORN	✓								
	DAY									
	EVE									
10/18	MORN	✓								
	DAY									
	EVE									
10/19	MORN	✓								
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: 172624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6	MORN									CG
	DAY									
	EVE									
10/7	MORN	✓								MM
	DAY	Y								
	EVE									
10/8	MORN	✓								JK FS
	DAY					N			2013	
	EVE									
10/9	MORN	✓								J.T.S. CG
	DAY									
	EVE									
10/10	MORN	✓								JR MM
	DAY									
	EVE									
10/11	MORN	✓								JN
	DAY									
	EVE				Y					
10/12	MORN	✓								DP ZL ZL
	DAY					N				
	EVE									

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO: W-21024 CELL: G-210
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/29	MORN	✓								MM
	DAY									
	EVE				Y					
9/30	MORN	✓								OF
	DAY									
	EVE									
10/1	MORN	✓								u
	DAY		Y							
	EVE			Y						
10/2	MORN	✓								u
	DAY					N				
	EVE									
10/3	MORN	✓								OF
	DAY					N				
	EVE									
10/4	MORN	✓								SS G.H.
	DAY		Y							
	EVE									
10/5	MORN									on
	DAY		Y							
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman
(INSTITUTION)
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION
OR REASON: _____DATE & TIME
RECEIVED: _____PERTINENT
INFORMATION: _____AIS NO. 21024 CELL: G-2ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	DOC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
9/23	MORN	✓								AE
	DAY		Y							MMA
	EVE		Y							
9/24	MORN	✓				N				JS
	DAY									FS
	EVE									DL
9/25	MORN	✓				N				JS
	DAY		Y							MDS
	EVE		Y							WJA
9/26	MORN	✓								LCH
	DAY									CC
	EVE					N				FS
9/27	MORN	✓								FS
	DAY									FS
	EVE					N				FS
7/28	MORN	✓								FS
	DAY		✓							FS
	EVE		✓			N				FS

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/3:00 OUT)

Maples - DOC
000413

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
BA 9-15	MORN	✓								KS
	DAY					17				
	EVE				Y					
BB 9/16	MORN	✓								DL Hendrick
	DAY									
	EVE									
TH 17	MORN	✓								WJA Q
	DAY									
	EVE				Y	Y				
9/18	MORN	✓								WJA
	DAY									
	EVE									
BA 9/19	MORN	✓								DL Q
	DAY									
	EVE				Y	Y				
9/20	MORN	✓								DL
	DAY									
	EVE									
9/21	MORN	✓								WJA
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000414

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION
OR REASON:DATE & TIME
RECEIVED:PERTINENT
INFORMATION:AIS NO. 2624 CELL: G-6ADMITTANCE
AUTHORIZED BY:DATE & TIME
RELEASED:

DATE	SHIFT	MEALS			SH.	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	CIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
9/9	MORN	✓				N				AE
	DAY									FS
	EVE									
BA 9/10	MORN	✓								g.k.
	DAY									Q
	EVE									g.k.
BA 9/11	MORN	✓								Q
	DAY									g.k.
	EVE									Q
9/12	MORN	Y								MOS
	DAY									Q
	EVE									
9/13	MORN	✓								cc
	DAY									FS
	EVE									FS
9-14	MORN									FS
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside

Maples - DOC

000415

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/1	MORN	✓								<u>W.C. Holman</u>
	DAY									
	EVE				Y					
9/2	MORN	✓								<u>L. Graham Co</u>
	DAY									
	EVE									
9/3	MORN	✓								<u>W.C. Holman</u>
	DAY									
	EVE				Y					
9/4	MORN	✓								<u>W.C. Holman</u>
	DAY									
	EVE									
9/5	MORN	✓								<u>W.C. Holman</u>
	DAY									
	EVE				Y					
9/6	MORN	✓								<u>W.C. Holman</u>
	DAY									
	EVE									
9/7	MORN	✓								<u>W.C. Holman</u>
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. Holman
(INSTITUTION)

2013 SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AIS NO. 21M 2624 CELL: G-2

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
8/26	MORN	✓								VJA
	DAY		Y							
	EVE			Y						
BA 8/27	MORN	✓								
	DAY		Y							
	EVE			Y						
BA 8/28	MORN	✓								
	DAY		Y							
	EVE			Y						
8/29	MORN	✓								
	DAY		✓							
	EVE			✓						VJA
8/30	MORN	✓								
	DAY		Y							
	EVE			Y						VJA
BA 8/31	MORN	✓								
	DAY		Y							
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Meals/ SH: Shower- Yes (Y); No (N); Refused (R)
Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN: 2:00/2:30 OUT)

Maples - DOC
000417

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AIS NO. IM 21624 CELL: G-2

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	CIC SIGNATURE
		B	D	S						
8/11	MORN	✓								hck
	DAY									hck
	EVE			✓						hck
8/12	MORN	✓								hck
	DAY									hck
	EVE					N				hck WJA FS
8/13	MORN	✓								hck
	DAY									hck
	EVE									hck
8/14	MORN	✓								hck
	DAY		✓			Refused				hck
	EVE									hck
8/15	MORN	✓								hck
	DAY		✓							hck
	EVE			✓						hck
8/16	MORN	✓								hck
	DAY		✓							hck
	EVE			✓		N				hck
8/17	MORN	✓								hck
	DAY		✓							hck
	EVE			✓						hck

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Meals/ SH: Shower- Yes (Y); No (N); Refused (R)
Exercise: Enter Actual Time Period and Inside or Outside (i.e., 0800/0900)

Maples - DOC
000418

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey
VIOLATION OR REASON: _____
DATE & TIME RECEIVED: _____

AIS NO: W-21024 CELL: G-210
ADMITTANCE AUTHORIZED BY: _____
DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

2013

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/18	MORN	✓								FS
	DAY					A				
	EVE									
8/19	MORN	✓								JS J.H. JS
	DAY		✓							
	EVE			✓						
8/20	MORN	✓								cc JL
	DAY									
	EVE									
8/21	MORN	✓								cc WJA FS
	DAY		✓			17				
	EVE									
BA 8/22	MORN	✓								cc FS
	DAY		✓			A				
	EVE				Y					
BA 8/23	MORN	✓								cc FS
	DAY		✓			N				
	EVE			✓						
8/24	MORN	✓								cc WJA
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments

Maples - DOC
000419

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
BA 8/5	MORN	✓								J.K.
	DAY		Y							
	EVE			Y						
8/6	MORN	✓								CC WJA
	DAY		✓			N				ES
	EVE			✓						ES
8/7	MORN	✓								CC WJA
	DAY		Y			N				J.K.
	EVE			Y						
8/8	MORN	✓								J.K.
	DAY		✓			N				J.K.
	EVE			✓						
8/9	MORN	✓								J.K.
	DAY		✓							LCR
	EVE			✓						LCR
8/10	MORN	✓								CC WJA
	DAY		Y			N				
	EVE			Y						J.K.

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000420

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AIS NO. 21M 21624

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RELEASED:

G26

CELL: G

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
LH 7/28	MORN	✓								JH
	DAY									
	EVE			✓						
BA 7/29	MORN									km WJA
	DAY									
	EVE			✓						
7/30	MORN	✓								JH W
	DAY									
	EVE			✓						
LH 7/31	MORN	✓								JH U
	DAY									
	EVE			✓						
LH 8/1	MORN	✓								JH WJA
	DAY									
	EVE									
BA 8/2	MORN	✓								JH WJA
	DAY									
	EVE			✓						
8/3	MORN	✓								JH W
	DAY									
	EVE			✓						

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyVIOLATION
OR REASON: _____DATE & TIME
RECEIVED: _____PERTINENT
INFORMATION: _____2013AIS NO: W-21024 CELL: G-210ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/21	MORN	✓				N				KS
	DAY									
	EVE			✓						
7/22	MORN	✓								J.K. A
	DAY		4							
	EVE		4							
7/23	MORN	✓								JW G. Mitchell BE BE
	DAY									
	EVE									
7/24	MORN	✓								J.K. WJA Jr
	DAY		✓			N				
	EVE			✓						
7/25	MORN	✓								J.K. JS
	DAY									
	EVE									
7/26	MORN	✓	Y							J.K. JS J Jones
	DAY					N				
	EVE			Y						
7/27	MORN	✓								J.K. WJA
	DAY		4			N				
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AIS NO. 2124 CELL: G-26

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RELEASED:

DATE	SHIFT	MEALS			SH.	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7-14	MORN									
	DAY									
	EVE									
7-15	MORN	✓								
	DAY									
	EVE									
7-16	MORN	✓								
	DAY		✓							
	EVE			✓						
7-17	MORN	✓								
	DAY									
	EVE									
7-18	MORN	✓								
	DAY									
	EVE									
7-19	MORN	✓								
	DAY		✓							
	EVE									
7-20	MORN	✓								
	DAY		✓							
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Meals/ SH: Shower- Yes (Y); No (N); Refused (R)
Exercise: Enter Actual Time Period and Inside or Outside (i.e.
9:30/10:00 AM Outside)

Maples - DOC
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W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/7	MORN	✓		✓	✓					
	DAY									
	EVE									
7/8	MORN	✓								DL
	DAY		✓							
	EVE			✓						
7/9	MORN	✓								DL
	DAY		✓							
	EVE			✓						
7/10	MORN	✓								DL
	DAY		✓							
	EVE			✓						
7/11	MORN	✓								DL
	DAY				✓					
	EVE									
7/12	MORN	✓								DL
	DAY		✓							
	EVE			✓						
7/13	MORN	✓								DL
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

2013

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: 2M 2624 CELL: G-26VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/30	MORN	Y								
	DAY	Y								
	EVE			Y						
7/1	MORN	Y								CC PL
	DAY	Y								
	EVE			Y						
BA 7/2	MORN	Y								DL
	DAY	Y								
	EVE									
BA 7/3	MORN	Y								DL AB
	DAY	Y								
	EVE									
7/4	MORN	Y								L. G. J.
	DAY	Y								
	EVE									
7/5	MORN	Y								AB AB
	DAY	Y								
	EVE			Y						
BA 7/6	MORN	Y								DL
	DAY	Y								
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title

Maples - DOC

000425

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6-23	MORN	✓								[Signature]
	DAY									
	EVE				✓					
6-24	MORN	✓								[Signature]
	DAY									
	EVE				✓					
6/25	MORN	✓								[Signature]
	DAY									
	EVE				✓					
6/26	MORN	✓								[Signature]
	DAY									
	EVE				✓					
6/27	MORN	✓								[Signature]
	DAY									
	EVE				✓					
6/28	MORN	✓								[Signature]
	DAY									
	EVE				✓					
6/29	MORN	✓								[Signature]
	DAY									
	EVE				✓					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

2013

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO. 21M 2.624 CELL: G-26VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/4/16	MORN	Y								
	DAY									
	EVE		Y			N				JH
4/17	MORN	Y								CC
	DAY									MS
	EVE			Y						MS
4/18	MORN	Y								DP
	DAY									BS
	EVE									
2A 6/19	MORN	Y								J.B. RO
	DAY		Y							MS
	EVE			Y						
2A 20	MORN	Y								CC
	DAY		Y							MM
	EVE			Y						
2A 21	MORN	Y								CC
	DAY									
	EVE				Y					
6/22	MORN	Y								DP
	DAY		Y							
	EVE									SS

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and titleMaples - DOC
000427

2013

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: B-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6-9	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE				Y					<i>[Signature]</i>
6/10	MORN	✓								<i>[Signature]</i>
	DAY		✓							<i>[Signature]</i>
	EVE			✓						
11	MORN	✓								<i>[Signature]</i>
	DAY		✓							<i>[Signature]</i>
	EVE			✓						
12	MORN	✓								<i>[Signature]</i>
	DAY		✓							<i>[Signature]</i>
	EVE			✓						
13	MORN	✓								<i>[Signature]</i>
	DAY		✓							<i>[Signature]</i>
	EVE			✓						
14	MORN	✓					Y			<i>[Signature]</i>
	DAY		✓							<i>[Signature]</i>
	EVE			✓						
15	MORN	✓								<i>[Signature]</i>
	DAY		✓							<i>[Signature]</i>
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

2013

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: 21M 21024 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
6/4	MORN	✓								J.K.
	DAY									
	EVE									
6/5	MORN	✓								J.K.
	DAY		✓							hch
	EVE			✓						
6/6	MORN	✓								FW
	DAY		✓							
	EVE			✓						
6/7	MORN	✓								a
	DAY		✓							A Ch
	EVE			✓						
6/8	MORN									SD
	DAY									
	EVE									

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title

Maples - DOC

000429

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/26	MORN									
	DAY									
	EVE									
5/27	MORN	✓								L. Holman
	DAY									
	EVE			✓						L. Holman
5/28	MORN	✓								cc
	DAY		✓							L. Holman
	EVE			✓						
5/29	MORN	✓								cc
	DAY		✓							F. J.
	EVE			✓						
5/30	MORN									
	DAY		✓			N				
	EVE			✓						EW
31	MORN	✓								CA
	DAY		✓							
	EVE			✓						FB
6/1	MORN	✓								cc
	DAY		✓			N				cc
	EVE			✓						cc

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

INMATE NAME: <u>Maples, Corey</u>	AIS NO: <u>21M 21024</u> CELL: <u>G-26</u>
VIOLATION OR REASON: _____	ADMITTANCE AUTHORIZED BY: _____
DATE & TIME RECEIVED: _____	DATE & TIME RELEASED: _____
PERTINENT INFORMATION: _____	

Maples - DOC
000431

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO: W-21024 CELL: G-210
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/12	MORN	✓								AB
	DAY									
	EVE			✓						AB
5/13	MORN	✓								Jake
	DAY		✓				TV			(2)
	EVE			✓						
14	MORN	✓					KK			CL
	DAY									
	EVE									
15	MORN	✓								CL
	DAY						✓BRC			
	EVE									
16	MORN	✓				N	✓BRC			
	DAY		✓				17			BC
	EVE			✓						
17	MORN	✓					Yes		Capt. Howard,	my
	DAY						4:30-4:50		L.T. Watson	Speed
	EVE			✓			Sick-call			R. Geline
18	MORN	✓					QW			CL
	DAY		✓							
	EVE			✓						7B

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

Maples - DOC
000432

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey
 VIOLATION
 OR REASON: _____
 DATE & TIME
 RECEIVED: _____
 PERTINENT
 INFORMATION: _____

AIS NO: JM 2624 CELL: G-26
 ADMITTANCE
 AUTHORIZED BY: _____
 DATE & TIME
 RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/5	MORN	✓								FB
	DAY									
	EVE			✓						
6	MORN	✓								LL
	DAY									
	EVE			✓						
7	MORN	✓								J.H.
	DAY									
	EVE									
8	MORN	✓								J.H. FB
	DAY		✓				un			
	EVE			✓						
9	MORN	✓					un			CL J.H. UA
	DAY		✓			N				
	EVE			✓		N				
10	MORN	✓								CL W
	DAY		✓							
	EVE			✓						
11	MORN	✓								J.H. W
	DAY		✓							
	EVE			✓						

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

Maples - DOC
000433

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO. 2624 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/21	MORN	✓								u
	DAY									
	EVE			✓						u
22	MORN									
	DAY									
	EVE									
23	MORN									
	DAY									
	EVE									
24	MORN									
	DAY		Y							
	EVE			Y						
25	MORN	✓								CL
	DAY		✓							9B
	EVE			✓						
26	MORN	✓								CL
	DAY				Y	Y				26
	EVE									
27	MORN	✓								26
	DAY		Y							26
	EVE			Y						26

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and titleMaples - DOC
000434

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyVIOLATION
OR REASON: _____DATE & TIME
RECEIVED: _____PERTINENT
INFORMATION: _____AIS NO. 4M 2624 CELL: G-26ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RELEASED: _____

DATE	SHIFT	MEALS				SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	T	S						
4/7	MORN	✓									7/5
	DAY										
	EVE				✓						
8	MORN	✓									cl
	DAY										
	EVE										
4/9	MORN	✓									7/5
	DAY										
	EVE										
7/10	MORN										GCL
	DAY										
	EVE										
11	MORN										7/5
	DAY	✓									
	EVE				✓						
12	MORN										B
	DAY										
	EVE										
13	MORN										7/5
	DAY										
	EVE										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)Maples - DOC
000435

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey

AIS NO: 2624 CELL: G-26


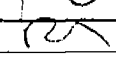
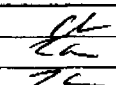
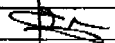
VIOLATION
OR REASON:

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RECEIVED:

DATE & TIME
RELEASED:

PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/24	MORN									
	DAY									
	EVE									
25	MORN	✓								CL
	DAY									
	EVE									
26	MORN	✓								
	DAY									
	EVE									
27	MORN	✓								
	DAY									
	EVE									
28	MORN	✓								CL
	DAY									
	EVE									
29	MORN	✓								
	DAY									
	EVE									
30	MORN	✓								
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W. C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W/2-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI- CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 3/10	MORN	✓								CL
	DAY									
	EVE				✓					CL
2 11	MORN	✓								CL
	DAY									
	EVE									
3 12	MORN	✓								J.K.
	DAY									
	EVE									
4 13	MORN	✓								J.K.
	DAY		✓							9/10
	EVE			✓						
5 14	MORN	✓								CL
	DAY		✓							DW
	EVE			✓						
6 15	MORN	✓								CL
	DAY		✓							CL
	EVE			✓						
7 16	MORN	✓								CL
	DAY		✓							CL
	EVE			✓						CL

Maples - DOC

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

000437

Holman Imaged

MAR-04 2013

W. C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W/2-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI- CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 2/24	MORN	✓								[Signature]
	DAY									
	EVE			✓						
2 25	MORN	✓								CL
	DAY									
	EVE									
3	MORN	✓								CA
	DAY									
	EVE									
4 27	MORN	✓								RA [Signature]
	DAY		✓			N				
	EVE			✓						
5 28	MORN	✓								CL [Signature]
	DAY		✓							
	EVE			✓						
6 3/1	MORN	✓								CL
	DAY									
	EVE				Y					
2 3/2	MORN	✓								[Signature]
	DAY									
	EVE									

Maples - DOC

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

000438

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W/2-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNA
		B	D	S						
1 10	MORN	✓								JLB
	DAY									
	EVE			✓						
2 11	MORN	✓								CL JLB
	DAY		✓							
	EVE			✓						
3	MORN									
	DAY									
	EVE									
4 13	MORN									
	DAY									
	EVE									
5 14	MORN	✓								CL (C)
	DAY									
	EVE			✓						
6 15	MORN	✓								CL JLB
	DAY		✓							
	EVE			✓						
7 16	MORN	✓								Maples - DOCA 000439
	DAY		✓							
	EVE			✓						

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W/2-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
27	MORN	✓								FB
	DAY									
	EVE			✓						
28	MORN	✓								CL
	DAY		✓							
	EVE		✓							
29	MORN	✓								CL
	DAY									
	EVE									
30	MORN	✓								J.R.
	DAY		✓							
	EVE		✓							
31	MORN	✓								CL
	DAY		✓							
	EVE		✓							
2/1	MORN	✓								CL
	DAY									
	EVE									
2	MORN	✓								FB
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)
 Exercise: Enter actual time period and Inside or Outside
 Medical: Physician will sign each time the inmate is seen

Maples - DOC
000440

W.C. HOLMAN
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W/2-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 13	MORN	✓								der
	DAY									
	EVE			✓						der
2 14	MORN	✓								CL
	DAY									
	EVE									
3 15	MORN	✓								CL
	DAY									
	EVE									
4 16	MORN	✓								CA
	DAY		✓							JB
	EVE			✓						
5 17	MORN	✓								CL
	DAY		✓							FLB
	EVE			✓						
6 18	MORN	✓								CL
	DAY									
	EVE									
7 19	MORN									
	DAY		✓							
	EVE			✓						FLB

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)
 Exercise: Enter actual time period and Inside or Outside
 Medical: Physician will sign each time the inmate is seen

Maples - DOC
000441

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CorayAIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: _____

ADMITTANCE AUTHORIZED BY: _____

DATE & TIME RECEIVED: _____

DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
29	MORN	✓								J.K.
	DAY									
	EVE									
30	MORN	✓								CL JB
	DAY		✓							
	EVE			✓						
1	MORN	✓								CL @
	DAY		✓							
	EVE			✓						
2	MORN	✓								J.K. SW
	DAY		✓							
	EVE			✓						
3	MORN									
	DAY									
	EVE									
4	MORN									CL
	DAY		✓							
	EVE			✓						
5	MORN	✓								CL
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000442

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
22	MORN	✓								PS
	DAY									
	EVE				✓					(m)
6/23	MORN	✓								DL JS
	DAY									
	EVE									
6/24	MORN	✓	✓							CL
	DAY		✓							A
	EVE									
6/25	MORN	✓								CL
	DAY	✓	✓							EP
	EVE			✓		N				EP
6/26	MORN	✓								DL JS
	DAY		✓							A
	EVE					N				
27	MORN	✓								RE
	DAY									
	EVE									
6/28	MORN	✓								CL
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000443

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W2624 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B I D T S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
5/15	MORN DAY EVE	9 7 4						
6/16	MORN DAY EVE	✓ ✓ ✓						OB FA
6/17	MORN DAY EVE	✓ 4 4		N				DL EL
18	MORN DAY EVE	✓ ✓ ✓						EL AS
6/19	MORN DAY EVE	✓ ✓ ✓						WBS LH
6/20	MORN DAY EVE	✓ ✓ ✓						W
6/21	MORN DAY EVE	✓ ✓ 4						DL AS

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

OIC FORM NS12

Attachment 5 - HCF SOP 12-12

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W-21024 CELL: G-210

VIOLATION
OR REASON:

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RECEIVED:

DATE & TIME
RELEASED:

PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/8	MORN									
	DAY					11				FS
	EVE									
6/9	MORN									
	DAY									@
	EVE									
6/10	MORN									
	DAY									RG
	EVE									AL
6/11	MORN									
	DAY					11				FS
	EVE									
6-12-14	MORN									J.R.
	DAY					NO				A
	EVE									
6-13-14	MORN									J.R.
	DAY									DB
	EVE									
6/14	MORN									AL
	DAY									RG
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments

Maples - DOC

000445

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAJS NO: W2624 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
6/1	MORN	/						hll
	DAY							
	EVE	/						hll
6/2	MORN	/						hll
	DAY			N				hll
	EVE	/						hll
6-3-14	MORN	/						hll
	DAY	/						hll
	EVE	/						hll
6-4-14	MORN	/						hll
	DAY	/						hll
	EVE	/						hll
6/5	MORN	/						hll
	DAY	/						hll
	EVE	/						hll
6/6	MORN	/						hll
	DAY	/						hll
	EVE	/						hll
6-7-14	MORN	/						hll
	DAY	/						hll
	EVE	/						hll

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5-25	MORN	✓								
	DAY					N				
	EVE			✓						DO
5/26	MORN	✓								hch
	DAY									
	EVE			✓						hch
5/27	MORN	✓								α
	DAY									
	EVE			✓	Y					hch
5/28	MORN	✓								
	DAY									
	EVE			✓						hch
5/29	MORN	✓								DL JS
	DAY									
	EVE				Y					
5/30	MORN	✓								DL JS
	DAY									RG
	EVE			✓						
5/31	MORN	✓								STV
	DAY									
	EVE			✓	Y					hch

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift

Maples - DOC
000447

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
5/18	MORN	✓						
	DAY							
	EVE							
5/19/14	MORN	✓						
	DAY							
	EVE							
5/20	MORN	✓						
	DAY							
	EVE							
5/21/14	MORN	✓						
	DAY							
	EVE							
5/22	MORN	✓						
	DAY							
	EVE							
5/23	MORN	✓						
	DAY							
	EVE							
5/24/14	MORN	✓						
	DAY							
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

DOC FORM N912

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey
 VIOLATION OR REASON: _____
 DATE & TIME RECEIVED: _____
 PERTINENT INFORMATION: _____

AIS NO: W-21024 CELL: G-210
 ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/11/14	MORN	✓								
	DAY					N				
	EVE			/						ES
5/12/14	MORN	✓								
	DAY									J.R.
	EVE									
5/13/14	MORN	✓								
	DAY					N				CL
	EVE			/						A
5/14	MORN	✓								
	DAY									CL
	EVE									EBU
5/15	MORN	✓								
	DAY					N				DL JS
	EVE			/	Y					A
5/16	MORN	✓								
	DAY		Y							DL JS
	EVE			Y						DL
5/17	MORN	✓								
	DAY		Y	Y		N				CL
	EVE		Y	Y						DL JS

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

Maples - DOC
000449

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W2624 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
5/4/14	MORN	✓					RG	
	DAY							
	EVE						RG	
5/5	MORN	✓						CC
	DAY							
	EVE		Y					
5/6/14	MORN	✓						J.K.
	DAY	✓						A
	EVE			N				
5/7/14	MORN	✓						J.K.
	DAY							
	EVE		Y					
5/8	MORN	✓						Cochran
	DAY	✓						
	EVE	✓						
5/9/14	MORN	✓						CC
	DAY	✓						MS
	EVE		Y					
5/10/14	MORN	✓						J.K.
	DAY	✓						MS
	EVE		✓					

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

DOC FORM N912

Attachment 5 - HCF SDP 12-12

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/21	MORN	✓								DL
	DAY									
	EVE			✓	Y					DL
4/28	MORN	Y								DL
	DAY									
	EVE									
4/29	MORN	✓								DL
	DAY									
	EVE									
4/30	MORN	✓								DL
	DAY									
	EVE									
5/1/14	MORN	✓								DL JS
	DAY									
	EVE									
5/2/14	MORN	✓								DL JS
	DAY									
	EVE									
5/3	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000451

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples CoreyAIS NO: W/2624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/20/14	MORN	-								RG
	DAY									
	EVE									RG
4/21	MORN	✓								RG
	DAY									
	EVE									RG
4/22	MORN	✓								DP LH
	DAY		✓							
	EVE			✓						
4/23	MORN	✓								JK
	DAY									RG
	EVE									
4/24	MORN	✓								RG
	DAY									
	EVE									RG
4/25	MORN	✓								AD
	DAY									
	EVE									
4/26	MORN	✓								DP
	DAY									
	EVE									

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W-21024 CELL: G-210

VIOLATION
OR REASON: _____

ADMITTANCE
AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____

DATE & TIME
RELEASED: _____

PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/13/14	MORN									
	DAY									
	EVE				Y					
4/14/14	MORN	✓								JS
	DAY	Y								
	EVE		Y							
4/15	MORN	✓								AL
	DAY	Y			N					
	EVE		Y							JS
4/16	MORN	✓								AL
	DAY	Y			N					
	EVE		Y							
4-17-14	MORN	✓								J.K.
	DAY	Y			N					
	EVE		Y	Y						
4-18-14	MORN	✓								J.K.
	DAY	Y								
	EVE		Y							
4/19	MORN	✓								M/M
	DAY	Y								
	EVE		Y							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC
000453

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO: W2624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS B/D/S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
4/6	MORN	Y						
	DAY	Y						
	EVE	Y		N				99
4/7	MORN	✓						ca
	DAY							
	EVE		Y					
4/8	MORN	✓						RE
	DAY	Y						
	EVE	Y		N				99
4/9	MORN	✓						RE
	DAY	✓						RE
	EVE	✓						RE
4/10/14	MORN	✓						CL
	DAY	Y		N				JB
	EVE	Y						JB
4/11	MORN	✓						CL
	DAY	✓						37
	EVE	✓	Y					
4/12	MORN	✓						DB
	DAY	Y						
	EVE	Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

C FORM N912

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: _____

ADMITTANCE AUTHORIZED BY: _____

DATE & TIME RECEIVED: _____

DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/30	MORN	✓								AB
	DAY	I								
	EVE	I			✓ Y					AB
3/31	MORN	✓								DL BA
	DAY		✓							for
	EVE			✓						
4/1	MORN	✓								✓
	DAY		✓							✓
	EVE			✓						
4/2	MORN	✓								u
	DAY		✓							37
	EVE			✓						
4/3	MORN	✓								DL JS
	DAY		✓			N				EE
	EVE			✓ Y						EE
4/4	MORN	✓								DL BA
	DAY		✓			N				
	EVE			✓						
4/5	MORN	✓								99
	DAY		✓							1/10
	EVE			✓						OB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC
000455

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/23	MORN	Y								
	DAY									
	EVE		Y							
3/24	MORN	✓								JS
	DAY									37
	EVE			Y						
3/25	MORN	✓								JS
	DAY		Y			N				
	EVE		Y							
3/26	MORN	✓								JS
	DAY		✓			N				
	EVE		✓							
3/27	MORN									
	DAY		Y			N				
	EVE		Y							
3/28	MORN	✓								
	DAY		✓			N				
	EVE		✓							
3/29	MORN	Y								JS
	DAY		✓			N				
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024CELL: G-210VIOLATION
OR REASON: _____

ADMITTANCE

AUTHORIZED BY: _____

DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/16	MORN	✓				N				
	DAY									
	EVE									
3/17	MORN	✓								JK
	DAY									
	EVE									
3/18	MORN	✓								QJ
	DAY									
	EVE									
3/19	MORN	✓				N				
	DAY									
	EVE									
3/20	MORN	✓				N				
	DAY									
	EVE									
3/21/14	MORN	✓				N				
	DAY									
	EVE									
3/22	MORN	✓								
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC
000457

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

DATE NAME: Maples CoreyAIS NO: W2624 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
3-9-14	MORN	✓						RG
	DAY							
	EVE							RG-OB
3/10	MORN							
	DAY	Y	Y					RCM
	EVE							
3/11	MORN	Y						JK
	DAY	Y						
	EVE	Y						
3/12	MORN	✓						
	DAY							
	EVE							
3/13	MORN	✓						OS
	DAY							
	EVE							
3/14	MORN	✓						OS
	DAY	Y						
	EVE	Y						
3/15	MORN	Y						JK
	DAY	Y						
	EVE	Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: _____

ADMITTANCE AUTHORIZED BY: _____

DATE & TIME RECEIVED: _____

DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS**	OIC SIGNATURE
		B	D	S						
3/2	MORN	✓								ED
	DAY									
	EVE			✓	Y					ED
3/3	MORN	✓								DP
	DAY		Y							ED
	EVE			Y						
3/4	MORN	✓								u
	DAY		✓							ED
	EVE			✓	Y					
5	MORN									
	DAY		Y							
	EVE			Y						Q
3/6	MORN	Y								JK
	DAY		✓			N				PS
	EVE			✓						
3/7	MORN	Y								JK
	DAY									
	EVE									
3/8/14	MORN	✓								QJ
	DAY		Y							
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R).**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000459

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples CoreyAIS NO: W2624 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/23	MORN									
	DAY									
	EVE									
2/24	MORN									
	DAY									
	EVE									
2/25	MORN									
	DAY									
	EVE									
2-26-44	MORN									
	DAY									
	EVE									
2/27	MORN									
	DAY									
	EVE									
2/28	MORN									
	DAY									
	EVE									
3-1-44	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-21rVIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/16	MORN	✓				✓				TL
	DAY									
	EVE			✓						TL
2-17-14	MORN	✓								16
	DAY									
	EVE									
2/18	MORN	✓				N				18
	DAY									
	EVE									
2/19	MORN	✓								19
	DAY		✓							
	EVE		✓							
2-20-14	MORN	✓			✓					J.K.
	DAY					N				FS
	EVE									
2-21-14	MORN	✓								J.K.
	DAY									✓
	EVE									✓
2/22	MORN	✓								22
	DAY		✓							22
	EVE			✓						22

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.Maples - DOC
000461

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAJS NO: W2624 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	D						
2/9	MORN	-								OB 36
	DAY									
	EVE			-						RC
2/10	MORN				✓					OB
	DAY									
	EVE									
2-11-14	MORN	✓								JR
	DAY			Y						
	EVE			Y						
2/12/14	MORN	✓								DP
	DAY									
	EVE									
2/13/14	MORN	✓								cl
	DAY									
	EVE									
2/14	MORN									
	DAY			✓						
	EVE					✓				FS
	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO: W-21024 CELL: G-21c
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2-2	MORN	✓			✓					
	DAY									
	EVE			✓						
2-3-4	MORN	✓								
	DAY									
	EVE									
2/4	MORN	✓								
	DAY					N				
	EVE			✓						
2/5/14	MORN	✓				N				
	DAY									
	EVE			✓						
2/6/14	MORN	✓								
	DAY									
	EVE			✓						
2/7/14	MORN	✓								
	DAY									
	EVE			✓						
	MORN									
	DAY									
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title

Maples - DOC
000463

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W/2624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/26	MORN	Y								
	DAY									
	EVE		Y							
1/27	MORN	Y								
	DAY									
	EVE									
1/28	MORN	Y								
	DAY		Y							
	EVE			Y						
1/29	MORN	Y								
	DAY		Y							
	EVE									
1/30	MORN	Y								
	DAY		Y							
	EVE									
1/31	MORN	Y								
	DAY									
	EVE									
2/1/18	MORN	Y								
	DAY		Y							
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-21cVIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1-19-14	MORN					A				
	DAY									
	EVE									
1-20	MORN									hch
	DAY									per
	EVE									
1-21	MORN									ca
	DAY									✓
	EVE									✓
1-22/14	MORN									cc
	DAY									Ⓟ
	EVE									Ⓟ
1-23-14	MORN					N				J.K.
	DAY									✓
	EVE									✓
1-24/14	MORN									Ⓟ
	DAY									CB
	EVE									
1-25/14	MORN									cc
	DAY									FA
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000465

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAJS NO: W2624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
1/12	MORN	Y						D
	DAY							
	EVE		Y					
1/13/14	MORN	✓						u
	DAY							
	EVE							
BA 1-4-14	MORN	✓						J.K.
	DAY	Y						
	EVE		Y	N				
BA 1-5-14	MORN	✓						J.K.
	DAY							
	EVE							
1/16	MORN	✓						J.M.
	DAY							
	EVE							
1/17	MORN	✓						u
	DAY							
	EVE		Y					
BA 1/18	MORN	✓						D
	DAY							
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/5/14	MORN	✓								DP
	DAY									
	EVE									
1/6/14	MORN	✓								FT
	DAY									SM
	EVE									
1/7/14	MORN	✓								CL
	DAY		-							RB
	EVE									IC
1/8/14	MORN	✓								CL
	DAY									Q
	EVE									
1/9/14	MORN	✓								DP
	DAY									
	EVE									
1/10/14	MORN	✓								LM
	DAY									
	EVE									
1/11	MORN	✓								LM
	DAY		✓							ED
	EVE			✓						ED

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC
000467

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples CoreyAIS NO: W/2624 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	CIC SIGNATURE
		B	D	S						
29/13	MORN	✓								✓
	DAY									
	EVE									✓
30	MORN									
	DAY	4								(ar)
	EVE									
12/31/13	MORN	4								JK
	DAY									
	EVE									
1/1/14	MORN	4								
	DAY									
	EVE									
1/2/14	MORN	✓								u
	DAY	4								Q
	EVE									
1/3	MORN									FS
	DAY									
	EVE									
1/4	MORN	4								27
	DAY									99
	EVE									

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

CIC Signature: CIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

CIC FORM NS12

W.C. Holman

(INSTITUTION)

2014

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W2624 CELL: G-26VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
9/21	MORN	✓						KB
	DAY							KB
	EVE	✓						KB
9/22	MORN	✓						KB
	DAY	✓						CS
	EVE	✓	Y					CS
23	MORN	✓						KB
	DAY							A
	EVE							A
9/24/14	MORN	✓						G.K.
	DAY							KB
	EVE							KB
9/25	MORN	✓						JP
	DAY							KB
	EVE							KB
9/26	MORN							CS
	DAY	✓						CS
	EVE	✓	✓					CS
27	MORN	✓						KB
	DAY	✓						EW
	EVE	✓						EW

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical SH: Check Yes (Y), No (N), Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I.e.,
9:30/10:30 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000469

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/14	MORN									JP
	DAY									
	EVE	✓								
9/15	MORN	✓								
	DAY									
	EVE									
9/16	MORN	✓								JK AL
	DAY									
	EVE				✓					
9/17	MORN	✓								DL B
	DAY									
	EVE									
9/18	MORN	✓								DL BL
	DAY									
	EVE				✓	✓				
19	MORN	✓								RS WV
	DAY									
	EVE									
9/20	MORN	✓								WG A
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and titleMaples - DOC
000470

W.C. Holman

(INSTITUTION)

2014

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B I D I S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN							
	DAY							
	EVE							
9/8	MORN	✓						de
	DAY	✓						CS
	EVE		✓					CS
9/9	MORN	✓						J.K.
	DAY	✓						CS
	EVE							
9/10	MORN	✓						J.K.
	DAY	✓						AB
	EVE							
9/11	MORN	✓						ca
	DAY	✓						AB
	EVE		✓					
9/12	MORN	✓						ca
	DAY							
	EVE							
9/13	MORN	✓						AB
	DAY							
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Chewed: Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:30 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000471

2014

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: _____

ADMITTANCE AUTHORIZED BY: _____

DATE & TIME RECEIVED: _____

DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/31	MORN	✓								CS
	DAY									
	EVE			✓	✓					CS
9/1	MORN	✓								
	DAY									
	EVE			✓						CS
9/2	MORN	✓								
	DAY									
	EVE				✓					CS
9/3	MORN	✓								
	DAY									
	EVE				✓					CS
9/4	MORN	✓								
	DAY									
	EVE			✓	✓					CS
9/5	MORN	✓								
	DAY									
	EVE									CS
9/6	MORN									
	DAY									
	EVE				✓					CS

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Maples - DOC
000472

W.C. Holman

(INSTITUTION)

2014**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples CoreyAIS NO: W/2624 CELL: G-26VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
8/24	MORN	<input checked="" type="checkbox"/>					RG	
	DAY							
	EVE							
75	MORN	<input checked="" type="checkbox"/>						DE
	DAY	<input checked="" type="checkbox"/>						CS
	EVE		<input checked="" type="checkbox"/>					CS
8/26/14	MORN	<input checked="" type="checkbox"/>						DE
	DAY	<input checked="" type="checkbox"/>						CS
	EVE		<input checked="" type="checkbox"/>					CS
8/27/14	MORN	<input checked="" type="checkbox"/>						DE
	DAY	<input checked="" type="checkbox"/>						CS
	EVE		<input checked="" type="checkbox"/>					CS
8/28-14	MORN	<input checked="" type="checkbox"/>						DE
	DAY	<input checked="" type="checkbox"/>						CS
	EVE		<input checked="" type="checkbox"/>					CS
8/29	MORN	<input checked="" type="checkbox"/>						DE
	DAY	<input checked="" type="checkbox"/>						CS
	EVE		<input checked="" type="checkbox"/>					CS
8/30	MORN	<input checked="" type="checkbox"/>						DE
	DAY	<input checked="" type="checkbox"/>						CS
	EVE		<input checked="" type="checkbox"/>					CS

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Show: Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/17/14	MORN	✓								CS
	DAY									
	EVE			✓	✓					CS
18	MORN	✓								CS
	DAY		✓							MM
	EVE		✓							
8/19	MORN	✓								u
	DAY		✓							hth
	EVE									
8/20	MORN	✓								u
	DAY		✓							CS
	EVE			✓						CS
8/21/14	MORN	✓								J.K.
	DAY		✓							CS
	EVE			✓	✓					CS
8/22/14	MORN	✓								J.K.
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC
000474

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

2014

INMATE NAME: Maples Corey AIS NO: W2624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/10/14	MORN	✓							RG	
	DAY									
	EVE			✓						
8/11	MORN	✓								RG
	DAY	✓								CS
	EVE			✓	Y					CS
8/12	MORN	✓								RG JS
	DAY	✓								CS
	EVE			✓						CS
8/13/14	MORN	✓								JK
	DAY									
	EVE									
8/14	MORN	✓								JK
	DAY	✓								CS
	EVE			✓						CS
8/15	MORN	✓								RG
	DAY	✓								CS
	EVE			✓						CS
8/16	MORN	✓								RG
	DAY	✓								CS
	EVE			✓						CS

Pertinent Info: I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: I.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey

AIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: _____

ADMITTANCE AUTHORIZED BY: _____

DATE & TIME RECEIVED: _____

DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/3/14	MORN	✓								CS
	DAY									
	EVE			✓	✓					CS
8/4/14	MORN	✓								J.K.
	DAY		✓							(AM)
	EVE									
8/5/14	MORN	✓								CS
	DAY		✓			N				A
	EVE			✓						
8/6/14	MORN	✓								J.K.
	DAY		✓							CS
	EVE			✓						CS
8/7	MORN	✓								BP JS
	DAY		✓							CS
	EVE			✓	✓					CS
8/8	MORN	✓								BP JS
	DAY		✓							CS
	EVE			✓						CS
8/9	MORN	✓								CS
	DAY					N				
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Maples - DOC
000476

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

2014

INMATE NAME: Maples CoreyAIS NO: W2624 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/27/14	MORN	✓							RB	
	DAY									
	EVE			✓						
7/28	MORN	✓							Anw CS CS	
	DAY									
	EVE			✓						
7/29/14	MORN	✓							J.V. CS CS	
	DAY			✓						
	EVE			✓						
7/30/14	MORN	✓							J.V. CS CS	
	DAY			✓						
	EVE			✓						
7/31	MORN	✓							R CS CS	
	DAY			✓						
	EVE			✓						
8/1	MORN	✓							R CS CS	
	DAY			✓						
	EVE			✓						
8/2/14	MORN								CS CS	
	DAY			✓						
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

DOC FORM N912

W.C. Holman
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey
VIOLATION OR REASON: _____
DATE & TIME RECEIVED: _____
PERTINENT INFORMATION: _____

AIS NO: W-21024 CELL: G-210
ADMITTANCE AUTHORIZED BY: _____
DATE & TIME RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/20	MORN									
	DAY									
	EVE				Y					
7/21	MORN	✓								JS
	DAY									37
	EVE									
7/22	MORN	✓	✓							JS
	DAY									JS
	EVE			✓	Y					
7/23	MORN	✓								JS
	DAY		✓							JS
	EVE			✓						JS
7/24	MORN	✓								JS
	DAY		✓							JS
	EVE			✓	Y					JS
7/25	MORN	✓								DB
	DAY		✓							DB
	EVE									
7/26	MORN	✓								AW
	DAY		✓							AW
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC
000478

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples CoreyAIS NO: W2624CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS B D T S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
7/13	MORN	+						37
	DAY							
	EVE							
7/14	MORN							
	DAY							
	EVE		Y					
7/15	MORN	✓						DP JS
	DAY							
	EVE							
7/16	MORN	✓						J.H. 16 AZ
	DAY	✓						
	EVE		Y					
7/17	MORN	✓						AZ
	DAY							
	EVE							
7/18	MORN	✓						W.S.
	DAY							
	EVE		Y					
7/19	MORN	✓						DP JS (a)
	DAY	✓						
	EVE		✓					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Maples, CoreyAIS NO: W-21024 CELL: G-210

VIOLATION OR REASON: _____

ADMITTANCE AUTHORIZED BY: _____

DATE & TIME RECEIVED: _____

DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7-6	MORN									
	DAY									
	EVE	✓			✓					JP
7-7	MORN									
	DAY		✓							JS
	EVE			✓						JS
7-8	MORN									
	DAY									JS
	EVE									JS
7-9	MORN									
	DAY	✓								JS
	EVE			✓						JS
7-10	MORN	✓								DL JS
	DAY									A
	EVE									
7-11	MORN	✓								DL JS
	DAY									
	EVE									
7-12	MORN	✓								JK
	DAY		✓							NA
	EVE			✓						NA

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments

Maples - DOC

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